

**Please Print:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**A criminal record and driver's transcript will be conducted prior to acceptance**

**Signature:**

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**STAMP**

ROANOKE COUNTY POLICE DEPARTMENT  
**CITIZEN POLICE ACADEMY**  
3568 Peters Creek Rd  
Roanoke, VA 24019

ATTENTION: Officer R. Crosier

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